



Reasonable Accommodation Request Form

Employee: Complete this form if you have a physical or mental impairment that (1) makes achievement unusually difficult or limits the capacity to work (s. 111.32(8), Wis. Stats.) and (2) may be removed through the provision of a reasonable accommodation. Follow the procedures in your agency's Reasonable Accommodation Policy. **Please save a copy for your personal records. Please be aware that the employer may request additional information from you or your treating medical professional to evaluate your requests. Your cooperation is a necessary part of the interactive process when addressing accommodation requests.**

Supervisor: You are required to review and respond to written or oral requests for an accommodation. Complete Sections II and follow any additional procedures according to your agency's Reasonable Accommodation Policy.

Section I: Employee

Name of Employee:		Job Title:	
Agency:	Division (or secondary unit):	Employee's Work number:	
<p>*1. My health impairment substantially limits one or more of the following major life activities or bodily functions (Diagnosis Code and description): Check all that apply</p>			
<p style="text-align: center;"><u>Irritants and Sensitivities (SEN)</u></p> <p style="text-align: center;">Chemical or Industrial SEN100 Environmental SEN101 Food SEN102 Fragrance/Personal Products SEN103 Lighting SEN104 Noise SEN105 Smoke SEN106 Temperature SEN107 **Other SEN108</p>	<p style="text-align: center;"><u>Cognitive Abilities (COG)</u></p> <p style="text-align: center;">Attention/Concentration COG100 Decision Making COG101 Memorizing COG102 Organizing COG103 Prioritizing COG104 Remembering COG105 Comprehension COG106 **Other COG107</p>	<p style="text-align: center;"><u>Activities of Daily Living (ADL)</u></p> <p style="text-align: center;">Breathing ADL100 Eating ADL101 Sleeping ADL102 Toileting ADL103 Stamina ADL104 ** Other</p>	
<p style="text-align: center;"><u>Mobility (MOB)</u></p> <p style="text-align: center;">Bending MOB100 Balancing MOB101 Carrying MOB102 Climbing MOB103 Kneeling MOB 104 Lifting MOB 105 Operating a Vehicle MOB106 Pushing/Pulling MOB107 Reaching MOB108 Sitting MOB109 Squatting MOB110 Standing MOB111 Twisting/Turning MOB112 Walking MOB113 **Other MOB114</p>	<p style="text-align: center;"><u>Fine Motor Skills (FMS)</u></p> <p style="text-align: center;">Gripping/Grasping/Pinching FMS100 Hand/Eye Coordination FMS101 Keyboarding/Using the Mouse FMS102 **Other FMS103</p>	<p style="text-align: center;"><u>Working (WRK)</u></p> <p style="text-align: center;">Accessing Work-site WRK100 Accessing Workspace WRK101 Reduced Work Schedule WRK102 **Other WRK103</p>	
	<p style="text-align: center;"><u>Hearing (HEA)</u></p> <p style="text-align: center;">Hearing HEA100 Hearing in Group Settings HEA101 Responding to Audible Cues/Alarms HEA102 **Other HEA103</p>	<p style="text-align: center;"><u>Vision (VIS)</u></p> <p style="text-align: center;">Accessing Visual Information VIS100 Completing Forms and Documents VIS101 Physically Navigating Work Site VIS102 Reading Written Materials VIS103 Responding to Visual Cues/Alarms VIS104 **Other VIS105</p>	
	<p style="text-align: center;"><u>Communication (COM)</u></p> <p style="text-align: center;">Speaking COM100 Writing/Reporting/Documenting COM101 **Other COM102</p>	<p style="text-align: center;">Religious Accommodation REL100 Military Accommodation MIL100 Nursing Mothers NUR100 **Other OTH100 (Used only if no other code applies)</p>	
<p>**Additional information:</p>			
<p>2. Describe how your impairment interferes with your ability to perform your assigned job duties:</p>			
<p>3. What specific accommodations are you requesting? (Attach additional pages as needed)</p>			
<p>Employee Signature:</p>		<p>Date of Request:</p>	

Section II: Supervisor

You are required to review and respond to written or oral requests for an accommodation. Complete Sections II and follow any additional procedures according to your agency's Reasonable Accommodation Policy.

Agency:	Division (or secondary unit):
Name of Employee:	Job Title:
1. Job Analysis – List and describe the essential job responsibilities and duties. Attach additional pages as necessary.	
2. Based upon the employee's verified impairment and the essential job responsibilities and duties, identify the impact of the employees's impairment on his or her ability to do the job. If none, explain. Attach additional pages as necessary.	
3. Describe the potential impact of the requested accommodation on productivity or other employees in the work unit.	
4. Describe the estimated cost of the reasonable accommodation request (e.g. purchase of equipment, additional staff needs or time, training expenses, shift in job duties, etc).	
Supervisor's Signature:	Date:

Section III: Accommodation Specialist

* Accommodation Type (Use Accommodation Type list): Employee or Employer Suggested Option				
* Description:				
* Status: Approved	Denied-Employer	Declined-Employee	Implemented	* Cost:
* Accommodation Type (Use Accommodation Type list): Employee or Employer Suggested Option				
* Description:				
* Status: Approved	Denied-Employer	Declined-Employee	Implemented	* Cost:
* Accommodation Type (Use Accommodation Type list): Employee or Employer Suggested Option				
* Description:				
* Status: Approved	Denied-Employer	Declined-Employee	Implemented	* Cost:
This disability accommodation request was reviewed by the Agency's designated accommodation specialist.				
Accommodation Specialist's Signature:			Date:	

* Enter data in PeopleSoft

Update accommodation option status in PeopleSoft when changes occur